SAMHSA
Substance Abuse and Mental Health Services Administration

HOMELESS & HOUSING RESOURCE CENTER

Understanding and Supporting Residents with Serious Mental Illness

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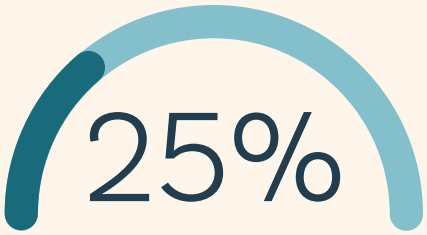
INTRODUCTION: This fact sheet helps housing providers better understand and recognize the symptoms of three of the most common serious mental illnesses: schizophrenia, bipolar disorder, and major depressive disorder. The guide also describes best practices for supporting tenants experiencing a mental health crisis and how to connect them with support.

What is serious mental illness?

Mental illness includes disorders that impact the way that individuals think, feel, and act. Mental illness varies in severity. Serious mental illness lasts for at least a year and significantly impairs the individual's ability to function.

Why should housing providers be aware of serious mental illness among residents?

It is estimated that just under 1 out of every 4 individuals who have experienced homelessness may have a serious mental illness. When left untreated, serious mental illness can be very difficult for the individual. It may also impact other residents if a neighbor engages in disruptive behaviors (e.g., becoming agitated or talking to individuals who are not there). For some, experiences with serious mental illness may lead to behaviors that impact the quality of the unit (e.g., breaking walls, hoarding) or an inability to pay rent.



25% of adults experiencing homelessness self-report having a severe mental illness

– HUD 2023 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations Report

The good news is that the symptoms of most serious mental illnesses can be managed with the right treatment. As a housing provider, partnerships with hospitals, clinics, and service providers are the best way to ensure that individuals who need treatment can access it.

Below are three of the most common kinds of serious mental illness that may impact housing residents:

Schizophrenia

What is schizophrenia?

Schizophrenia is a severe mental disorder that impacts the reality that people experience. Experiencing a reality that is different from those around them can cause changes in the way that they think, feel, and act.

WHAT CAN I ANTICIPATE AMONG RESIDENTS WITH SCHIZOPHRENIA?

The symptoms of schizophrenia are not the same for all people. Residents with schizophrenia may experience psychotic symptoms. Psychotic symptoms include **hallucinations** during which people see, hear, smell, taste, or have experiences that have not actually occurred. This may include hearing voices that only they are able to hear. Residents may talk or yell at others who are not visible to us. They may also experience **delusions** in which they have beliefs that are inconsistent with reality. For instance, they may believe they are involved in a larger conspiracy or are in danger when no danger exists. As a result, residents may become paranoid. For instance, they may report that other residents or staff are stealing from them or entering their rooms without permission. They may also experience **thought disorders**, which are characterized as distorted patterns of thinking resulting in disorganized thoughts and speech. They may also exhibit **negative symptoms** such as loss of motivation or enjoyment in activities or socialization. Finally, they may present with **cognitive symptoms**, including trouble focusing and processing information.

HALLUCINATIONS
Residents may see, hear, smell, taste or have experiences that have not actually occurred.

DELUSIONS
Residents may believe they have experiences that are inconsistent with reality.

THOUGHT DISORDERS
Residents may have distorted patterns of thinking resulting in disorganized thoughts and speech.

Bipolar Disorder I and II

What is bipolar disorder?

Residents with bipolar disorder will have abnormal fluctuations in their feelings/mood, activities, and overall energy. Bipolar disorder used to be referred to as manic depression due to the shift from manic to depressive episodes. There are two main types of bipolar disorder, including Bipolar I and Bipolar II.

WHAT CAN I ANTICIPATE AMONG RESIDENTS WITH BIPOLAR DISORDER?

Residents with bipolar disorder may have notable shifts in their behavior and mood. During one period, the resident may seem very energetic with moods that may be quite elevated or sometimes irritable. They may be less cautious during this time regarding their behaviors and finances. This is known as a manic episode. During another period, the same resident may appear to have low energy due to feelings of sadness or hopelessness. This time is known as a depressive episode.

Major Depressive Disorder

What is major depressive disorder?

Major depressive disorder is one of the most common mental health conditions in the United States. Residents with major depressive disorder will experience depression, including a loss of interest or pleasure in activities that impact life for at least two weeks.

SYMPTOMS:

Residents with major depressive disorder may experience disruptions in sleep, loss of interest in eating, reduced energy, and perceptions of self-worth. Those with major depressive disorder have a combination of at least five of the symptoms listed in the table below.

☑ Depressed mood most of the day, nearly every day
☑ Loss of interest or pleasure in all or almost all activities
☑ Significant changes in appetite or weight
☑ Insomnia or hypersomnia
☑ Engaging in purposeless movements (e.g. pacing)
☑ Fatigue or loss of energy
☑ Feeling worthless or excessively/inappropriately guilty
☑ Diminished ability to think or concentrate
☑ Recurrent thoughts of death, suicidal ideation, suicide attempts

Information adapted from the National Institute of Mental Health. You can read more at: https://www.nimh.nih.gov/health/topics.

What to do if you encounter a resident in crisis with serious mental illness?

DO	DON'T
Engage the resident with respect, compassion and empathy. Try to agree or validate their position.	Dismiss the feelings of the resident or tell them that they are acting 'crazy.'
Find a space to talk with the resident that is private but also where you feel safe. Be close enough to establish rapport.	Talk about the resident's behavior or feelings in a space that feels unsafe to you or the resident. Do not get so close to the resident that it violates your or their sense of personal space.
Set respectful limits. Remember personal boundaries for yourself and the resident.	Forget important boundaries. Do not provide health advice or require them to share their personal health information.
Use a relaxed and calm tone when talking with the resident.	Make jokes or sarcastic remarks about the resident's condition.
Focus on one topic at a time. Be concise and use plain language.	Discuss multiple issues with the resident or jump between topics. Try not to talk too much or too quickly.
Engage in reflective listening including repeating back what they say to confirm and acknowledge what they are sharing.	Fail to listen or look at the resident while talking with them.
Ask 'can I help'? Offer choices and listen to understand the help that they would like to receive.	Assume that they are 'bad residents' and immediately begin the process to evict them.
Develop a resource guide with local community and government agencies who may be able to assist when there is a need or crisis.	Rely on the police or calling 911. Consider alternatives including 311 ot 988 (may vary by region). Read more at: www.dontcallthepolice.com.
Consider adopting a trauma-informed approach to housing. Check out this toolkit: https://traumainformedhousing.poah.org/.	Develop restrictive policies or engage with residents in ways that may trigger experiences of previous trauma for residents

You do not need to be a licensed mental health professional to talk with someone with a serious mental illness. The most important thing is to approach them with compassion, listen to their needs, and assist them in connecting to someone with the expertise who can support them in their long-term care needs.

What is 988?

The 988 Suicide and Crisis Lifeline offers 24/7 call, text, and chat access to trained counselors who can support individuals experiencing suicidal, substance use, or mental health crises. Now consisting of over 200 call centers across the country, 988 was built upon the existing National Suicide Prevention Lifeline infrastructure. Calls are routed by area code, and a centralized process ensures that each call is routed to a national backup line if a local call center is unable to answer.

To advance culturally responsive care, several specialized options are available:

- → Veterans, active service members, and their loved ones can reach the Veterans Crisis Line (VCL) by calling 988 and pressing "1", texting "838255", or using the online chat feature.
- → To access specialized LGBTQ+ affirming counseling, dial 988, then press "3" or text the word "PRIDE" to 988.
- → To call a Spanish-speaking counselor, dial 988 and then press "2". To text with a Spanish-speaking counselor, text "AYUDA" to 988.
- → Deaf and Hard of Hearing people have access to 988 Videophone, which can be accessed by clicking on ASL Now.

See which states have passed legislation to support 988 and find out who operates your local 988 call center.

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Learn More about the Homeless and Housing Resource Center

Providing high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

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